SOUTH JERSEY ENDOSCOPY CENTER

26 E. RED BANK AVE, WOODBURY, NJ 08096 · 856-848-4464

PRE-PROCEDURE PERSONAL INFORMATION FORM

PLEASE COMPLETE AND BRING THIS PACKET WITH YOU ON THE DAY OF YOUR PROCEDURE

Patient Name:_____ Date of Procedure:_____

Medication Allergies:_____Age:_____ Height:_____

MEDICATIONS YOU ARE CURRENTLY TAKING:

Name of Medication	Dosage	Quantity

- Please attach separate page if needed.

FEMALES ONLY: Have you had your menstrual cycle in the last year? □ YES □ NO

SOCIAL HISTORY: Do you smoke: □YES □NO If yes, how many per day:_____How many years:_____

PREP USED: □ Gallon □ Half-Lytely □ SUPREP □ Prepopik □ MOVI-Prep □ Miralax

Were you able to complete you preparation? □ YES □ NO □ OTHER:_____

Do you have any loose, broken or chipped teeth or crowns that are not secure? □ YES □ NO

Name and phone number of person who will be responsible for accompanying and assisting you with any questions, help in dressing or other assistance as required. Please note: this person **MUST** remain here in our office during your procedure and be able to drive you home:_____

Do you give permission for this person to be with you when the doctor goes over your results? □ YES □ NO

Phone number where you can be reached the business day after your procedure so we may follow-up with your care. _____.

PRIMARY DOCTOR'S NAME AND ADDRESS:_____

South Jersey Endoscopy is owned solely by the Corporation or DiMarino-Kroop-Prieto Gastro-Intestinal Associates, PA.

□ I have received a copy of the Rights of Patients, Patient Responsibilities and a request for Advance Directive and information of ownership.

Patient Signature:_____Date:_____Time:_____

Reviewed By:_____ Date:_____Time:_____

Revised: 5/5/16